CERTIFIED LAY MINISTER RECOMMENDATION FORM
Dakotas/Minnesota Annual Conferences

_____________________________ District

Name: _______________________________ Name of Church: _______________________________

Address: __________________________ Church Address: __________________________

City/State/Zip: _______________________ City/State/Zip: ____________________________

Home Phone: _________________________ Charge: _________________________________

Work Phone: _________________________ Cell Phone: ________________________________

Email: ______________________________

TO BE COMPLETED AFTER CERTIFIED LAY MINISTRY RETREAT-MODULE 1
AND BEFORE LICENSING AND LAY MINISTRY SCHOOL

Request for Certification as Lay Minister

I hereby request the recommendation of the pastor, the SPRC, and the Church Council or Charge
Conference for pursuing the process as a Certified Lay Minister.

Date: ___________________ Signed: __________________________
       (Certified Lay Servant/Lay Servant Leader)

Recommendation of District Superintendent

I recommend this person as a candidate for Certified Lay Ministry.

Date: _______________ Signed: ___________________________
       (District Superintendent)

Recommendation of Pastor

I recommend this person as a candidate for Certified Lay Ministry.

Date: _______________ Signed: ___________________________
       (Home Pastor)

Recommendation of SPRC

The SPPR Committee recommends ___________________________ as being suitable for Certified
Lay Ministry. (____ Minutes attached)

Date: ___________________ Signed: __________________________
       (SPRC Chair)
Recommendation of Church Council or Charge Conference

The Church Council/Charge Conference of ____________________________ Church recommends ____________________________ as being suitable as a Certified Lay Minister. (___ Minutes attached)

Date: _____________________ Signed: ______________________________________________

(Council Chair)

Recommendation of District Committee on Ordained Ministry

We recommend that __________________________ be supported and encouraged in this pursuit to become a Certified Lay Minister.

Date: ______________________________ Signed: ______________________________________

(District Chair of Ordained Ministry)

District: ______________________________

TO BE COMPLETED AFTER COMPLETION OF LICENSING & LAY MINISTRY SCHOOL

Verification of Completion of CLM Training/Lay Ministry School

I verify that ___________________________ has completed both the CLM Module 1 Training and Lay Ministry School on ________________, and has submitted the appropriate paperwork (on file).

I recommend this person as suitable for Certified Lay Ministry.

Date: _____________________ Signed: ______________________________________________

(Dean of Licensing and Lay Ministry School)

Recommendation of District Superintendent and DCOM

I recommend concurrence with this request from ____________________________ to become a Certified Lay Minister.

Date: _____________________ Signed: ______________________________________________

(District Superintendent)

Date: _____________________ Signed: ______________________________________________

(Chair of the District Committee on Ordained Ministry)

NOTE: If recommendations cannot be made, please do not sign the form, but indicate reasons why you do not recommend this person as a potential CLM.

COMMENTS:

Revised 08/2012